

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Planned Parenthood Votes

ADDRESS (number and street)

434 West 33rd Street

☐Check if different
than previously
reported. (ACC)

New York

NY

10001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00489799

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Samulcek

Signature of Treasurer

Electronically Filed by Aaron Samulcek

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Planned Parenthood Votes

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	327763.89	327763.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	327763.89	327763.89
7. Total Disbursements (from Line 31)	72763.89	72763.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	255000.00	255000.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	106817.09	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
Planned Parenthood Votes

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	327763.89	327763.89
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	327763.89	327763.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	327763.89	327763.89
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	327763.89	327763.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	327763.89	327763.89

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2763.89	2763.89	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2763.89	2763.89	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	70000.00	70000.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72763.89	72763.89	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72763.89	72763.89	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	327763.89	327763.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	327763.89	327763.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2763.89	2763.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2763.89	2763.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A.

Full Name (Last, First, Middle Initial)

Lilo Leeds

Mailing Address 17 Hilltop Drive West

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMP Media Inc.

Occupation
Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A2010-3060335

Amount of Each Receipt this Period

75000.00

B.

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2763.89

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: A2010-3258981

Amount of Each Receipt this Period

2763.89

IN KIND

C.

Full Name (Last, First, Middle Initial)

Mr. S. D Sussman

Mailing Address Paloma Partners Management Company
Two American Lane

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trust Asset Management LLP

Occupation
Finance Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: A2010-2891298

Amount of Each Receipt this Period

250000.00

SUBTOTAL of Receipts This Page (optional)

327763.89

TOTAL This Period (last page this line number only)

327763.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A.

Full Name (Last, First, Middle Initial)

Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City
New York

State
NY

Zip Code
10001

Purpose of Disbursement

In-kind contribution: establishment, administrative and solicitation expenses.

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: NY

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B374226

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2010

Amount of Each Disbursement this Period

2763.89

SUBTOTAL of Disbursements This Page (optional)

2763.89

TOTAL This Period (last page this line number only)

2763.89

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Directions Group

Nature of Debt (Purpose):
Phone calls for get out
the vote

Mailing Address 1350 Connecticut Ave NW Ste 1102

City State ZIP Code
Washington DC 20036

Outstanding Balance Beginning This Period

8904.60

Transaction ID: B372460

Amount Incurred This Period

8904.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

8904.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Laguens Kully Klose Partners

Nature of Debt (Purpose):
Production for TV adverti-
sing

Mailing Address 4301 Connecticut Ave NW ste 434

City State ZIP Code
Washington DC 20008

Outstanding Balance Beginning This Period

9287.50

Transaction ID: B372461

Amount Incurred This Period

9287.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

9287.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mack Crounse Group

Nature of Debt (Purpose):
Production and postage for
political mail

Mailing Address 2001 N Beauregard Street Ste 420

City State ZIP Code
Alexandria VA 22311

Outstanding Balance Beginning This Period

72806.93

Transaction ID: B372462

Amount Incurred This Period

72806.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

72806.93

1) **SUBTOTALS** This Period This Page (optional).....

90998.69

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stones' Phones

Nature of Debt (Purpose):
Phone calls for get out
the vote

Mailing Address 1309 F Street NW Ste 200

City	State	ZIP Code
Washington	DC	20004

Outstanding Balance Beginning This Period

15818.40

Transaction ID: B372463

Amount Incurred This Period

15818.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

15818.40

1) **SUBTOTALS** This Period This Page (optional)..... ▶

15818.40

2) **TOTALS** This Period (last page this line number only)..... ▶

106817.09

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

106817.09

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 14 / 2010</div> </div>	
Mailing Address 2001 N Beauregard Street Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7309.85</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Alexandria</div> <div>State VA</div> <div>Zip Code 22311</div> </div>		Transaction ID: B370268 Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Purpose of Expenditure Production and postage for political mail		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7309.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/15	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 14 / 2010</div> </div>	
Mailing Address 2001 N Beauregard Street Ste 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6655.59</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Alexandria</div> <div>State VA</div> <div>Zip Code 22311</div> </div>		Transaction ID: B370269 Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure Production and postage for political mail		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6655.59</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/15	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>12 / 02 / 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Media Strategies and Research		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 11350 Random Hills Road Suite 670		Amount 24500.00	
City State Zip Code Fairfax VA 22030		Transaction ID: B370782	
Purpose of Expenditure Media Purchase		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles Bass		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
26821.87			
Full Name (Last, First, Middle, Initial) of Payee Media Strategies and Research		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 11350 Random Hills Road Suite 670		Amount 24500.00	
City State Zip Code Fairfax VA 22030		Transaction ID: B370783	
Purpose of Expenditure Media Purchase		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
33477.47			
(a) SUBTOTAL of Itemized Independent Expenditures		49000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Media Strategies and Research		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 11350 Random Hills Road Ste 670		Amount 21000.00	
City State Zip Code Fairfax VA 22030		Transaction ID: B370784	
Purpose of Expenditure Media purchase		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
32953.60			
Full Name (Last, First, Middle, Initial) of Payee Laguens Kully Klose Partners		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 4301 Connecticut Ave NW ste 434		Amount 4643.75	
City State Zip Code Washington DC 20008		Transaction ID: B370792	
Purpose of Expenditure Production for TV ad- vertising		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
32953.60		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		21000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Laguens Kully Klose Partners		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 4301 Connecticut Ave NW Ste 434		Amount 2321.88	
City State Zip Code Washington DC 20008		Transaction ID: B370793	
Purpose of Expenditure Production for TV ad- vertising		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 33477.47		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Laguens Kully Klose Partners		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 4301 Connectict Ave NW Ste 434		Amount 2321.87	
City State Zip Code Washington DC 20008		Transaction ID: B370794	
Purpose of Expenditure Production for TV ad- vertising		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles Bass		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 26821.87		2010 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 2001 N Beauregard Street Ste 420		Amount 7309.85	
City State Zip Code Alexandria VA 22311		Transaction ID: B371460	
Purpose of Expenditure Production and postage for political mail		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 40263.45		2010 [MEMO ITEM] Amount of IE reflects corrected date and actual cost instead of estimate reported on 10/20	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 2001 N Beauregard Street Ste 420		Amount 20143.45	
City State Zip Code Alexandria VA 22311		Transaction ID: B371714	
Purpose of Expenditure Production and postage for political mail		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 20143.45		2010 [MEMO ITEM] Amount of IE reflects corrected date and actual cost instead of estimate reported on 10/22	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1052.87	
City Washington State DC Zip Code 20036		Transaction ID: B371707	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 41185.93		2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/22	
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1052.87	
City Washington State DC Zip Code 20036		Transaction ID: B371709	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles Bass		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 27874.74		2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/22	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group		Date MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 2001 N Beauregard Street Ste 420		Amount 6655.59	
City Alexandria		Transaction ID: B371712	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NH	
Zip Code 22311		<input type="checkbox"/> Senate District: 02	
Purpose of Expenditure Production and postage for political mail		<input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought 41185.93		<input type="checkbox"/> Other (specify) : _____	
		2010 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Amount of IE reflects actual cost instead of estimate reported on 10/22	
Mailing Address 1350 Connecticut Ave NW Ste 1102		MM / DD / YYYY 10 / 25 / 2010	
City Washington		Amount 1334.30	
State DC		Transaction ID: B372168	
Zip Code 20036		Office Sought: <input checked="" type="checkbox"/> House State: NH	
Purpose of Expenditure Record, produce and distribute calls		<input type="checkbox"/> Senate District: 01	
Category/Type 004		<input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1334.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) : _____	
		2010 [MEMO ITEM]	
		Amount of IE reflects actual cost instead of estimate reported on 10/26	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1334.30	
City Washington State DC Zip Code 20036		Transaction ID: B372179	
Purpose of Expenditure Record, produce and distribute calls		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 41597.75		2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/15	
Full Name (Last, First, Middle, Initial) of Payee Stones' Phones		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 1309 F Street NW Ste 200		Amount 3001.60	
City Washington State DC Zip Code 20004		Transaction ID: B372358	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Russ Carnahan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3001.60		2010 [MEMO ITEM] Updated IE: reflects actual cost and corrected vendor instead of estimate reported on 10/28	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Stones' Phones		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1309 F Street NW Ste 200		Amount 3001.60	
City Washington State DC Zip Code 20004		Transaction ID: B372359	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robin Carnahan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19906.77		2010 [MEMO ITEM] Updated IE: reflects actual cost and corrected vendor instead of estimate reported on 10/28	
Full Name (Last, First, Middle, Initial) of Payee Stones' Phones		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1309 F Street NW Ste 200		Amount 1500.80	
City Washington State DC Zip Code 20004		Transaction ID: B372360	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 25801.45		2010 [MEMO ITEM] Updated IE: reflects actual cost and corrected vendor instead of estimate reported on 10/28	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Stones' Phones		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1309 F Street NW Ste 200		Amount 4157.20	
City Washington State DC Zip Code 20004		Transaction ID: B372361	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robin Carnahan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19906.77		2010 [MEMO ITEM] Updated IE: reflects actual cost and corrected vendor instead of estimate reported on 10/28	
Full Name (Last, First, Middle, Initial) of Payee Stones' Phones		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 1309 F Street NW Ste 200		Amount 4157.20	
City Washington State DC Zip Code 20004		Transaction ID: B372362	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Roy Blunt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 25801.45		2010 [MEMO ITEM] Updated IE: reflects actual cost and corrected vendor instead of estimate reported on 10/28	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crouse Group		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 2001 N Beauregard Street Ste 420		Amount 12747.97	
City State Zip Code Alexandria VA 22311		Transaction ID: B372170	
Purpose of Expenditure Production and postage for political mail		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robin Carnahan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19906.77		2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/26	
Full Name (Last, First, Middle, Initial) of Payee Mack Crouse Group		Date MM / DD / YYYY 10 / 27 / 2010	
Mailing Address 2001 N Beauregard Street Ste 420		Amount 11984.63	
City State Zip Code Alexandria VA 22311		Transaction ID: B372173	
Purpose of Expenditure Production and postage for political mail		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ed Martin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 11984.63		2010 [MEMO ITEM] Amount of IE reflects actual cost instead of estimate reported on 10/26	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date MM / DD / YYYY 12 / 02 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1914.24	
City Washington State DC Zip Code 20036		Transaction ID: B372446	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann McLane Kuster		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 43100.17		2010 [MEMO ITEM] Updated IE: reflects actual cost instead of estimate reported on 10/28	
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1107.84	
City Washington State DC Zip Code 20036		Transaction ID: B372447	
Purpose of Expenditure Phone calls for get out the vote		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2442.14		2010 [MEMO ITEM] Updated IE: reflects actual cost instead of estimate reported on 10/28	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aaron Samulcek Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee American Directions Group		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 1107.84	
City Washington	State DC	Zip Code 20036	Transaction ID: B372449
Purpose of Expenditure Phone calls for get out the vote		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Frank Guinta		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM] Updated IE: reflects actual cost instead of estimate reported on 10/28	
42705.59			

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	70000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Aaron Samulcek Signature	Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0